

Credentialing Release of Information Authorization

In order for the	to access and verify my educational
background, professional qualifications and suit	ability for appointment, I hereby authorize the
	to make inquiries and consult with all persons, places of
Insert Facility Name	
employment, education, malpractice carriers, St non-governmental entities who have or may hav professional qualifications and competence to o	• • • • • • • • • • • • • • • • • • • •
authorize release of such information and copie include not only the requested information for ve action, or other claim brought against me for ma	ability and fitness for Federal appointment and I as of related records and/or documents to VA officials to erification but information concerning each lawsuit, civil alpractice or negligence; each disciplinary action under concluded investigations; and any changes in the status of elated to the information provided.
I authorize the VA to disclose to such persons, other information about me sufficient to enable	employers, institutions, boards or agencies identifying and the VA to make such inquiries.
I release from liability all those who provide information to the Department of Veterans Affairs in good faith and without malice in response to such inquiries.	
Full Name	Date
Signature	